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CEE TO ANOMITT AL	Complete if Known					
FEE TRANSMITTAL	Application Number	09/511,443				
for FY 2003	Filing Date	February 23, 2000				
	First Named Inventor	Megumi Kamimura				
Effective 01/01/2003. Patent fees are subject to annual revision.	Examiner Name	Tran, Thai Q.				
☐ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2615				
TOTAL AMOUNT OF PAYMENT (\$) 1806	Attorney Docket No.	351778.04100				

	METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Deposit Account So 2803 So 2	☐ Check ☐ Credit card ☐ Money ☐ Dter ☐ None		3. ADDITIONAL FEES						
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Deposit Account REED SMITH CROSBY HEAD 1912 2,520 1912	Number	1052	50	2052	25				
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Charge fee(s) indicated below. except for the filing fee to the above-identified deposit account.		1805	1,840*	1805	1,840*				
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Extra Extra Fee from Fee Paid		1501	1,300	2501	650	Utility issue fee (or reissue)			
Total Claims		1502	470	2502	235	Design issue fee			
Total Claims		1503	630	2503	315	Plant issue fee			
Independent Claims 2		1460		1			<u> </u>		
Multiple Dependent Large Entity Fee Fee Code (\$) 1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claims, if not paid 1204 84 2204 42 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent 1205 (\$) 36 **Reduced by Basic Filling Fee Paid **Subtotal (3) (\$) 1770 **Reduced by Basic Filling Fee Paid **Subtotal (3) (\$) 1770 **Reduced by Basic Filling Fee Paid **Subtotal (3) (\$) 1770	Independent	1807	50	1807	50	•) <u> </u>		
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**or number previously paid, if greater; For Reissues, see above		*Redu	iced by Ba	asic Filin	g Fee P	aid SUBTOTAL (3) (\$) 17	70		
	**or number previously paid, if greater; For Reissues, see above	<u> </u>							

Complete (if applicable) SUBMITTED BY Registration No. (Attorney/Agent) 415-659-5969 39,240 Telephone Name (Print/Type) Doyle B. Johnson October 19, 2004 Date Signature

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number		09/511,443				
		Filing Date		February 23, 2000				
		First Named Inventor		Megumi Kamimura				
		Art Unit		2615	2615			
		Examiner Name		Tran, Thai Q.				
Total Number of Pages in This Submission		Attorney Docket Number		351778.04100				
ENCLOSURES (check all that apply)								
☐ Drawing ☐ Drawing		g(s)		After Allowance Communication to Group				
Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply		Petition				Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
I After Line		to Conv onal App		Proprie	Proprietary Information			
Affidavits/declaration(s) Power of Attorney, Revo			☐ Status	Letter				
		al Disclaimer			Other Enclosure(s) (please identify below):			
Express Abandonment Request		st for Refund mber of CD(s)		Exa	quest For Continued amination (RCE) Transmittal turn Postcard			
Information Disclosure Statement								
Certified Copy of Priority Document(s) Remark		X The Examiner is hereby authorized to charge any fees (or credit any overpayment) associated with this communication and which may be required under 37 CFR 1.78 to Deposit Account No. 50-2603, referencing Attorney Docket No. 351778.04100. A duplicate sheet is attached.						
Response to Missing Parts/ Incomplete Application								
Response to Missing Parts under 37 CFR 1.52 or 1.53								
S	IGNATU	RE OF A	APPLICA	ANT, ATTORNEY, O	R AGENT			
Firm Doyle B. Johnson (Reg. No. 39,240) or Individual name REED SMITH LLP								
Signature () () () ()								
Date October 19, 2004								
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Typed or printed name Norma	E. Gillesp	oie	1	, 1				
Signature	ma	E.	4/1	es hie	Date	October 19, 2004		

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